

**PROJECT FORM  
STATISTICAL CONSULTING TEACHING CENTER  
DEPARTMENT OF STATISTICS, KANSAS STATE UNIVERSITY**

Student consultant \_\_\_\_\_

Statistics faculty mentor \_\_\_\_\_

Date of initial meeting \_\_\_\_\_

NOTE: 3 copies of this form are needed: original for consultant, one for researcher, one for Dr. Murray

**THE FOLLOWING MUST BE COMPLETED BY THE RESEARCHER.  
INFORMATION MUST BE COMPLETE!**

Name of Researcher#1 \_\_\_\_\_

Status(circle one):    Undergrad    GradMasters    GradDoctoral    Faculty/staff

Department/program (no abbreviations): \_\_\_\_\_

Contact information: email address: \_\_\_\_\_

phone number: \_\_\_\_\_

If researcher is a student:

Faculty advisor (and email): \_\_\_\_\_

Statistics classes taken: \_\_\_\_\_

If there is more than one researcher at meeting, the same information is needed for each.  
Use the back of this sheet for that information.

Has researcher worked with a statistical consultant previously? If yes:

When? \_\_\_\_\_

Consultant's name \_\_\_\_\_

**Timeline: when are results needed?** \_\_\_\_\_

**(Note that a lead time of two weeks is minimal and probably not attainable for many projects.)**

Brief project title: \_\_\_\_\_

Brief description of project (including Research Objectives/Questions/Hypotheses):

(continue on another page, as necessary):